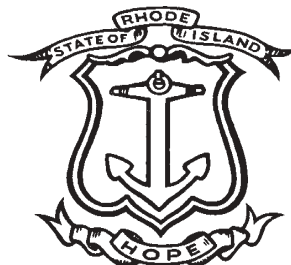


<b>***FOR OFFICE USE ONLY***</b>
Board Member Signatures



<b>***FOR OFFICE USE ONLY***</b>
Application Approved:
License Number:
Issue Date:
ID#:
Receipt #:
Signature of Board Administrator

## Rhode Island Board of Dietetics Practice

Room 105  
3 Capitol Hill  
Providence, RI 02908-5097

### *Instructions and Application For* **License As A**

- ☐ Dietitian/Nutritionist
- ☐ Graduate Dietitian/Nutritionist

--

*Applicant - Print Name (First/MI/Last)*

**Phone: (401) 222-5888**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-3352**

# GENERAL INFORMATION

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## **Enclosures**

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Professional Reference Form(s).....	10-12
Interstate Verification Form - Other State License(s).....	13

## **Licensure Requirements**

### **All Applicants**

- Completed, notarized application.
- Fee of **\$62.50**.
- Recent passport type photograph.
- Birth Certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- Official Transcripts with completion of Bachelor's or Masters Degree, from an accredited College or University, with a program in nutrition or dietetics.
- 3 Professional Reference Forms (pages 10 - 12) presented in sealed envelope(s).

### **With Examination (Graduate Dietitian/Nutritionist)**

- Graduate Dietitian: Dietetic experience developed by your college/university must be completed.
- Nutritionist: Requires pre-approval and approval upon completion of a dietetic experience of your own design which meets ADA guidelines. Please review application deadlines set by CDR.

### **Registered Dietitian**

- Current registration as a registered dietitian by the Commission on Dietetics Registration. Verification must be mailed by Commission to the Department of Health, Board of Dietetics Practice.
- If also licensed in another state, the "Interstate Verification Form - Other State License(s)" (page 13) is provided for this purpose.

### **Rules and Regulations/Laws**

The Rules and Regulations "Pertaining to the Licensure of Dietitians/Nutritionists (R5-64-D/N)" can be obtained at the following web site:

[http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH\\_193\\_.pdf](http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_193_.pdf)

Title 5, Chapter 64, entitled: The Licensed Dietitian can be downloaded at the following website:

<http://www.rilin.state.ri.us/statutes/title5/5-64/index.htm>

# APPLICATION PROCESS OVERVIEW

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Dietetics Practice (Board).

## **Application Process**

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you are approved to take the examination, the examination approval process does not expire within one year.

Professional Reference Forms (Pages 10 -12) must be presented in sealed envelopes, either by mail directly from the reference, or submitted by the applicant in an envelope sealed with the reference’s signature.

All material must be received 30 days prior to a scheduled Board Meeting in order to be considered for licensure

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

<http://www.health.ri.gov/hsr/professions/diet.php>

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$62.50** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
3. **Attach: For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself in the space provided (page 8).
5. Request a completed official transcript **sent directly** from the accredited college/university to the Office of Health Professionals Regulation, Board of Dietetics Practice. No student copies will be accepted.
6. Request verification from Commission on Dietetics Registration sent directly to Board.
7. **(If licensed in another state):** Please send the license verification form on page 13 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.
8. Mail the application and documentation to:

**Rhode Island Department of Health  
Board of Dietetics Practice, Room 105  
3 Capitol Hill  
Providence, RI 02908-5097**



# State of Rhode Island and Providence Plantations Board of Dietetics Practice

Application for License as a Dietitian/Nutritionist or Graduate Dietitian/Nutritionist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

## 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

**NOTE:**  
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

## 2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

## 3. Gender

☐ Male ☐ Female

## 4. Date and Place of Birth

Month

Day

Year

City and State; OR Province and Country, etc., if NOT U.S.

## 5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City

Country, If NOT U.S.

Home Phone

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

State

Zip Code

Postal Code, If NOT U.S.

Home Fax

## 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

**This address will appear on the Department of Health web site.**

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

Business Fax





### 13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Licensed Dietitian/Nutritionist in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Dietetics Practice of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

### 14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



**Write your name on the back of the photograph, and provide the date that the photograph was taken.**

\_\_\_\_\_  
Date of Photograph



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## APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

### **Board Application**

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***), and understand that submitted documents will not be returned.
- ☐ I have a **check or money order** (preferred), made payable (in U.S. funds only) to the "**Rhode Island General Treasurer**" in the amount of **\$62.50** and attached it to the upper left-hand corner of the cover page (top page) of the application.
- ☐ I have arranged my Application materials in the following order:
  - 1. Fee (attached as instructed).
  - 2. Board Application (including cover page) and pages 5-8.
  - 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
- ☐ I have mailed the above application materials directly to the Rhode Island Board of Dietetics Practice.
- ☐ I have reviewed the Rules and Regulations of Pertaining to the Licensure of Dietitians/Nutritionists.

### **Required Forms**

- ☐ I have completed and mailed the following forms as instructed:
  - 1. Three (3) Professional Reference Forms

### **Other Documents**

- ☐ I have requested an official school transcript as instructed.
- ☐ I have requested a verification letter from Commission on Dietetics Registration.



Substitute forms are not acceptable, **3 Professional Reference Forms** are required per application, copy this form as needed.

## Rhode Island Board of Dietetics Practice

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

### PROFESSIONAL REFERENCE FORM - (NOTE: **3 Forms** Required per Application)

I am applying for a license to practice as a Dietitian/Nutritionist/Graduate Dietitian/Nutritionist in the State of Rhode Island. The Rhode Island Board of Dietetics Practices requires that the following form be completed by "3 Professional References". The purpose is to provide the Rhode Island Board of Dietetics Practice with all information of any kind which the professional reference may, at his or her absolute discretion, deem relevant to my qualifications as an applicant. By signing this form, I hereby release and discharge the professional reference (below) from all claims arising out of the provision of such information

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

### THIS SECTION TO BE COMPLETED BY THE PROFESSIONAL REFERENCE\*

**\*Special Instructions to the person providing the reference:** Insert your completed reference in an envelope and seal, signing your name across the seal. Return to the Applicant who has been instructed to include your sealed reference in his/her application packet, or return directly to the Board at the above address. *The Board assumes that you, in recommending this candidate, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you at a later date.*

Name of Professional Reference:

Relation to Applicant (e.g. Supervisor, teacher, etc):

Length of Time applicant known by Professional Reference:

Questions:

(From Month & Year to Month and Year)

1. What is the extent of knowledge by professional reference of applicant's professional and ethical behavior?  
☐ Limited  
☐ Moderate  
☐ Thorough
2. What is the amount of time spent by the applicant in dietetics; if part-time, indicate hours/weeks or percentages based on a 40 hour week:
3. What is the title of applicant's position and the name of the organization? \_\_\_\_\_  
\_\_\_\_\_
4. Please provide a short description of the applicant's duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_
5. What is the area of the applicant's specialties? \_\_\_\_\_
6. Please provide the extent and degree of supervision exercised by the applicant in his/her position: \_\_\_\_\_  
\_\_\_\_\_
7. Do you certify that the applicant is an individual of Good Moral Character? ☐ Yes ☐ No (If No, Please Explain): \_\_\_\_\_  
\_\_\_\_\_

**Quality and Extent of Endorsement :** ☐ Without Reservation ☐ Some Reservation (explain) ☐ No Recommendation (explain)

Signature

Date

Type or Print Name

Title

Name and Address of Organization

Are you a registered, licensed or certified Dietitian?

☐ Yes ☐ No

If Yes, Please Indicate State and Registration/Certification License Number: State \_\_\_\_\_  
License Number \_\_\_\_\_



Substitute forms are not acceptable, **3 Professional Reference Forms** are required per application, copy this form as needed.

## Rhode Island Board of Dietetics Practice

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

### PROFESSIONAL REFERENCE FORM - (NOTE: **3 Forms** Required per Application)

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Name of Professional Reference:	Relation to Applicant (e.g. Supervisor, teacher, etc):	Length of Time applicant known by Professional Reference
<p><b>Questions:</b> (From Month &amp; Year to Month and Year)</p> <p>1. What is the extent of knowledge by professional reference of applicant's professional and ethical behavior <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Thorough</p> <p>2. What is the amount of time spent by the applicant in dietetics; if part-time, indicate hours/weeks or percentages based on a 40 hour week: <input type="text"/></p> <p>3. What is the title of applicant's position and the name of the organization? _____</p> <p>4. Please provide a short description of the applicant's duties and responsibilities: _____</p> <p>5. What is the area of the applicant's specialties?: _____</p> <p>6. Please provide the extent and degree of supervision exercised by the applicant in his/her position: _____</p> <p>7. Do you certify that the applicant is an individual of Good Moral Character? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Please Explain): _____</p>		

**Quality and Extent of Endorsement :** ☐ Without Reservation ☐ Some Reservation (explain) ☐ No Recommendation (explain)

Signature

Date

Type or Print Name

Title

Name and Address of Organization

Are you a registered, licensed or certified Dietitian?

☐ Yes ☐ No

If Yes, Please Indicate State and Registration/Certification License Number: State \_\_\_\_\_ License Number \_\_\_\_\_



Substitute forms are not acceptable, **3 Professional Reference Forms** are required per application, copy this form as needed.

## Rhode Island Board of Dietetics Practice

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

### PROFESSIONAL REFERENCE FORM - (NOTE: **3 Forms** Required per Application)

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Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

### THIS SECTION TO BE COMPLETED BY THE PROFESSIONAL REFERENCE\*

**\*Special Instructions to the person providing the reference:** Insert your completed reference in an envelope and seal, signing your name across the seal. Return to the Applicant who has been instructed to include your sealed reference in his/her application packet, or return directly to the Board at the above address. *The Board assumes that you, in recommending this candidate, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you at a later date.*

Name of Professional Reference:

Relation to Applicant (e.g. Supervisor, teacher, etc):

Length of Time applicant known by Professional Reference

Questions:

(From Month & Year to Month and Year)

1. What is the extent of knowledge by professional reference of applicant's professional and ethical behavior ☐ Limited ☐ Moderate ☐ Thorough
2. What is the amount of time spent by the applicant in dietetics; if part-time, indicate hours/weeks or percentages based on a 40 hour week:
3. What is the title of applicant's position and the name of the organization? \_\_\_\_\_
4. Please provide a short description of the applicant's duties and responsibilities: \_\_\_\_\_
5. What is the area of the applicant's specialties?: \_\_\_\_\_
6. Please provide the extent and degree of supervision exercised by the applicant in his/her position: \_\_\_\_\_
7. Do you certify that the applicant is an individual of Good Moral Character? ☐ Yes ☐ No (If No, Please Explain): \_\_\_\_\_

**Quality and Extent of Endorsement :** ☐ Without Reservation ☐ Some Reservation (explain) ☐ No Recommendation (explain)

Signature

Date

Type or Print Name

Title

Name and Address of Organization

Are you a registered, licensed or certified Dietitian?

☐ Yes ☐ No

If Yes, Please Indicate State and Registration/Certification License Number: State \_\_\_\_\_ License Number \_\_\_\_\_



Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license.

## Rhode Island Board of Dietetics Practice

Copy this form as needed.

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

### INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as a Dietitian/Nutritionist or Graduate Dietitian/Nutritionist in the State of Rhode Island. The Rhode Island Board of Dietetics Practice requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Dietetics Practice at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

### THIS SECTION TO BE COMPLETED BY THE DIETETICS BOARD

**Directions for State Board:** Please complete and return this form to the address above **with copies of any verification of supervision received\*** after the applicant received their appropriate degree. *Please verify requirements met in your state:*

Degree from an Accredited School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not by examination, how was license obtained? Endorsement _____ (State) Other _____ (Explain)	
Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No Score _____ Level of Exam: _____		License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued: _____ Expiration Date: _____

**Questions:**

- Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
- Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification:

Signature

Date

Type or Print Name

Title

Full Name of Licensing Board

Please Affix  
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

**State of Rhode Island and Providence Plantations**



**DEPARTMENT OF HEALTH**

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

## **Mandatory Addendum to License Application**

Verification of Social Security Number/Federal Employer Identification  
Number and affidavit concerning taxpayer status

**Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.**

**I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number (SSN) or Federal  
Employer Identification Number (FEIN)

**Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.**

**This form MUST be completed, signed and attached to your license application in order for us to process your application.**